REIMBURSEMENT FOR TRAINING - FORM B

PLEASE RETURN FORM TO

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY

Water and Wastewater Operator Certification 1520 East Sixth Avenue, P O Box 200901, Helena, MT 59620-0901

OP NUMBEROP NAME		Phone #	
Address	City	Zip Cod	e
> (Please check appropriate space.) Is t	he operator paidor unpaid_	?	
SYSTEM INFORMATION:			
PWSID # NAME		Phone #	
Address	CityZip Code		e
COURSE INFORMATION:			
COURSE PROVIDER & LOCATION		Cost	_Date
Person/Entity That Paid for the Course	(N. D. O	Social Security/Ta	x ID
Address to Mail Training Reimbursement(Please Print)			
Address to Mail Training Reinbursement	(Please Print)		
Operator Signature			_Date
Signature of Employer/System Owner			_Date
TRAVEL INFORMATION:			
Left (City)	Date	Time	
Returned (City	Date	Time	
Purpose of Trip			
Did you drive your own car?Number of Miles (Round Trip) if Driven			
<u>Important</u> : Lodging and meals are only reimbursed to Unpaid Operators. Unpaid Operators do not receive a monetary compensation for their services. Owners are not Unpaid Operators. You do not need to fill out the information for lodging and meals if you are not eligible.			
Cost of Lodging	umber of NightsCost of Meals		
If a different Person or Entity paid for the Travel and is requesting reimbursement for it, please fill out the information below.			
What part of the Travel was paid by Entity below?			
Person/Entity that Paid for Travel	Social Security/Tax ID		
Signature of Person above			_Date
Address to Mail Travel Reimbursement	ØL DIO		
	(Please Print)		
THIS BOX FOR OFFICE USE ONLY:	Invoice #	Date	
Paid or Unpaid Operator Status 'C' or 'NTNC' 3,300 or less people Tax ID or Social Security #	Expenses for three or few Application and Exam pa CEC requirement met Pre-exam Training or CE Checked By	aid °C's	stem